

ALABAMA HOME AND COMMUNITY-BASED WAIVER SERVICES

Medicaid is a health care program for low income Alabamians. Applicants must meet eligibility criteria for one of the Medicaid Program categories in order to qualify for benefits. Waiver programs provide additional Medicaid benefits to specific populations who meet special eligibility criteria. This chart summarizes those benefits and criteria, and tells you how to apply for Medicaid under a waiver. For some people, a waiver is the only way to qualify for Medicaid.

Clients must meet financial, medical, and program criteria to access waiver services. The applicant must also be at risk of nursing institutionalization (nursing facility, hospital, ICF/MR). Clients in a waiver program must be willing to receive services in their homes or communities. A client who receives services through a waiver program also is eligible for all basic Medicaid covered services. When a client chooses to receive waiver services, the services must be provided by certified Medicaid providers. The cost of waiver services cannot be more than the cost of the level of care the waiver is based upon.

Each waiver program has an enrollment limit. There may be a waiting period for any particular waiver. Applicants may apply for more than one waiver, but may only receive services through one waiver at a time. Anyone who is denied Medicaid eligibility for any reason has a right to appeal. Talk to your county or regional certifying agency if you wish to exercise your right to appeal.

	Mental Retardation Waiver	Elderly & Disabled Waiver	Living at Home Waiver	Technology Assisted Waiver for Adults	State of Alabama Independent Living Waiver	HIV/AIDS Waiver
What is the purpose?	To provide service to individuals that would otherwise require the level of care available in an intermediate care facility for the mentally retarded	To provide services that would allow elderly and/or disabled individuals to live in the community who would otherwise require nursing facility level of care	To provide services to individuals who would otherwise require the level of care available in an ICF/MR	To provide services to individuals who received private duty nursing services, through the EPSDT Program under the Medicaid State Plan who will no longer be eligible for the service upon turning age 21	To provide services to disabled adults with specific medical diagnoses** who meet the nursing facility level of care criteria	To provide services to individuals with a diagnosis of HIV, AIDS, and related illness who would meet the nursing facility level of care criteria
How long has the waiver been operational?	Since 1981	Since 1982	Since 2002	Since 2003	Since 1992	Since 2003
What is the target population?	Individuals with a diagnosis of mental retardation or meeting the ICF/MR level of care	Elderly and disabled individuals requiring nursing facility care	Individuals with a diagnosis of mental retardation	Individuals requiring private duty nursing after being ineligible in the EPSDT Program	Individuals with a specific medical diagnoses	Individuals with a diagnosis of HIV or AIDS
Is there an age requirement?	Yes; 3 years or older	No	Yes; 3 years or older	Yes; 21 years or older	Yes; 18 years or older	Yes; 21 years or older
What groups can be eligible for this waiver?	<ul style="list-style-type: none"><li>Protected groups deemed to be recipients of SSI</li><li>TANF-low income families with children</li><li>Special home and community based optional categorically groups whose income is no greater than 300% of the SSI federal benefit rate</li></ul>	<ul style="list-style-type: none"><li>Individuals receiving SSI and/or state supplementation</li><li>Widows and widowers under age 60</li><li>Widows and widowers age 60-64</li><li>Institutional deeming</li><li>Adult children who lose SSI benefits upon entitlement to the child's insurance benefits based on disability</li></ul>	Protected groups deemed to be recipients of SSI	<ul style="list-style-type: none"><li>Individuals receiving SSI and/or State supplementation</li><li>Categorically needy groups whose income is not greater than 300% of the SSI federal benefit rate</li></ul>	<ul style="list-style-type: none"><li>Protected groups deemed to be recipients of SSI</li><li>TANF-low income families with children</li><li>Special home and community based optional categorically needy groups whose income is no greater than 300% of the SSI federal benefit rate</li></ul>	<ul style="list-style-type: none"><li>Individuals receiving SSI and/or state supplementation</li><li>Categorically needy groups whose income is not greater than 300% of the SSI federal benefit rate</li></ul>
What are the waiver criteria?	ICF/MR level of care	Nursing facility level of care	ICF/MR level of care	Nursing facility level of care	Nursing facility level of care	Nursing facility level of care
What is the enrollment limit?	5200	8700	569	30- year 1 35- year 2 40- year 3	660	150
Where to go to receive information on how to apply?	Dept of Mental Health and Mental Retardation <a href="http://www.mh.state.al.us">www.mh.state.al.us</a>	Dept of Senior Services <a href="http://www.adss.state.al.us">www.adss.state.al.us</a> Dept of Public Health <a href="http://www.adph.org">www.adph.org</a>	Dept of Mental Health and Mental Retardation <a href="http://www.mh.state.al.us">www.mh.state.al.us</a>	Alabama Medicaid Agency <a href="http://www.medicaid.state.al.us">www.medicaid.state.al.us</a>	Dept of Rehabilitation Services <a href="http://www.rehab.state.al.us">www.rehab.state.al.us</a>	Dept of Public Health <a href="http://www.adph.org">www.adph.org</a>
Who provides Case Management?	Dept of Mental Health and Mental Retardation	Dept of Senior Services Dept of Public Health	Dept of Mental Health and Mental Retardation	Dept of Rehabilitation Service	Dept of Rehabilitation	Dept of Public Health
What are the services provided?	<ul style="list-style-type: none"><li>Residential Habilitation</li><li>Personal Care</li><li>Personal Care Transportation</li><li>Respite Care</li><li>Day Habilitation</li><li>Prevocational Services</li><li>Occupational Therapy</li><li>Physical Therapy</li><li>Skilled Nursing</li><li>Assistive Technology</li><li>Behavior Therapy</li><li>Environmental Accessibility Adaptations</li><li>Specialized Medical Equipment and Supplies</li><li>Supported Employment</li><li>Speech Therapy</li><li>Companion Services</li><li>Community Specialist</li><li>Crisis Intervention</li></ul>	<ul style="list-style-type: none"><li>Case Management</li><li>Homemaker</li><li>Personal Care Services</li><li>Respite Care (Skilled and Unskilled)</li><li>Adult Day Health Services</li><li>Adult Companion Services</li><li>Home Delivered Meals</li></ul>	<ul style="list-style-type: none"><li>Residential Habilitation</li><li>Personal Care</li><li>Personal Care Transportation</li><li>Respite Care</li><li>Day Habilitation-Level 1-3</li><li>Prevocational Services</li><li>Occupational Therapy</li><li>Physical Therapy</li><li>Skilled Nursing</li><li>Behavioral Therapy</li><li>Environmental Accessibility Adaptations</li><li>Specialized Medical Equipment and Supplies</li><li>Supported Employment</li><li>Speech Therapy</li><li>Community Specialist</li><li>Crisis Intervention</li></ul>	<ul style="list-style-type: none"><li>Private Duty Nursing</li><li>Personal Care/Attendant Service</li><li>Medical Supplies</li><li>Assistive Technology</li><li>Targeted Case Management</li></ul>	<ul style="list-style-type: none"><li>Case Management</li><li>Personal Care Services</li><li>Environmental Accessibility Adaptations</li><li>Personal Emergency Response System (initial setup and monthly)</li><li>Medical Supplies</li><li>Assistive Technology and Repairs</li><li>Personal Assistance Services</li></ul>	<ul style="list-style-type: none"><li>Personal Care</li><li>Respite Care</li><li>Skilled Nursing</li><li>Companion Services</li></ul>
What are the reference sources?	Code of Federal Regulations: 42 CFR§441 Policy provision for providers: Medicaid Admin Code Ch. 35	Code of Federal Regulations: 42 CFR§440.180 Policy provision for providers: Medicaid Admin Code Ch. 36	Code of Federal Regulations: 42 CFR§440.180 Policy provision for providers: Medicaid Admin Code Ch. 52	Code of Federal Regulations: 42 CFR§441 Policy provision for providers: Medicaid Admin Code Ch. 54	Code of Federal Regulations: 42 CFR§441 Policy provision for providers: Medicaid Admin Code Ch. 57	Code of Federal Regulations: 42 CFR§441 Policy provision for providers: Medicaid Admin Code Ch. 58
Who are the contact persons?	Fordyce Mitchel 1-800-367-0955	Glenda Harris 206-5341 Robert Franklin 1-800-243-5463	Fordyce Mitchel 1-800-367-0955	T.M. Jones 1-800-441-7607	T.M. Jones 1-800-441-7607	Glenda Harris 206-5341

\*\*specific medical diagnoses include, but are not limited to, Quadriplegia, Traumatic Brain Injury, Amyotrophic Lateral Sclerosis, Multiple Sclerosis, Spinal Muscular Atrophy, Muscular Dystrophy, Severe Cerebral Palsy, Stroke, and other substantial neurological impairments, severely debilitating diseases, or rare genetic diseases.